

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT, AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	20-0061
Date:	4-7-2020
Amount Paid:	\$75 5-30-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Scott Ferry	Mailing Address: 9707 Glenpointe Dr City/State/Zip: Riverview FL 33569	Telephone: 414-248-2401
Address of Property: 48480 Atkins Lake	City/State/Zip: Grand View WI 54839	Cell Phone:
Contractor: Biscobing Builders	Contractor Phone: 715-798-3659	Plumber: Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Richard Biscobing	Agent Phone: Same	Agent Mailing Address (include City/State/Zip): 42420 Woodcrest Dr Cable WI 54821
PROJECT LOCATION Legal Description: (Use Tax Statement)	Tax ID# 17840	Recorded Document: (Showing Ownership) 2016R 562788
1/4, 1/4	Gov't Lot Lot(s) 16	CSM Vol & Page 1158/99
Section 19, Township 44 N, Range 5 W	Town of: Grand View	Subdivision: Assessor's Plat
	Lot Size	Acreage 1.3

<input type="checkbox"/> Shoreland →	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 36' feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ 22,906	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Post	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Drain	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) 8x25 Living Rm/Kitchen	( 8 X 25 )	200
	<input type="checkbox"/>	Accessory Building (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Scott Ferry  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 5-23-2019

Authorized Agent: Richard Biscobing  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 5-23-2019

Address to send permit 42420 Woodcrest Dr Cable WI 54821

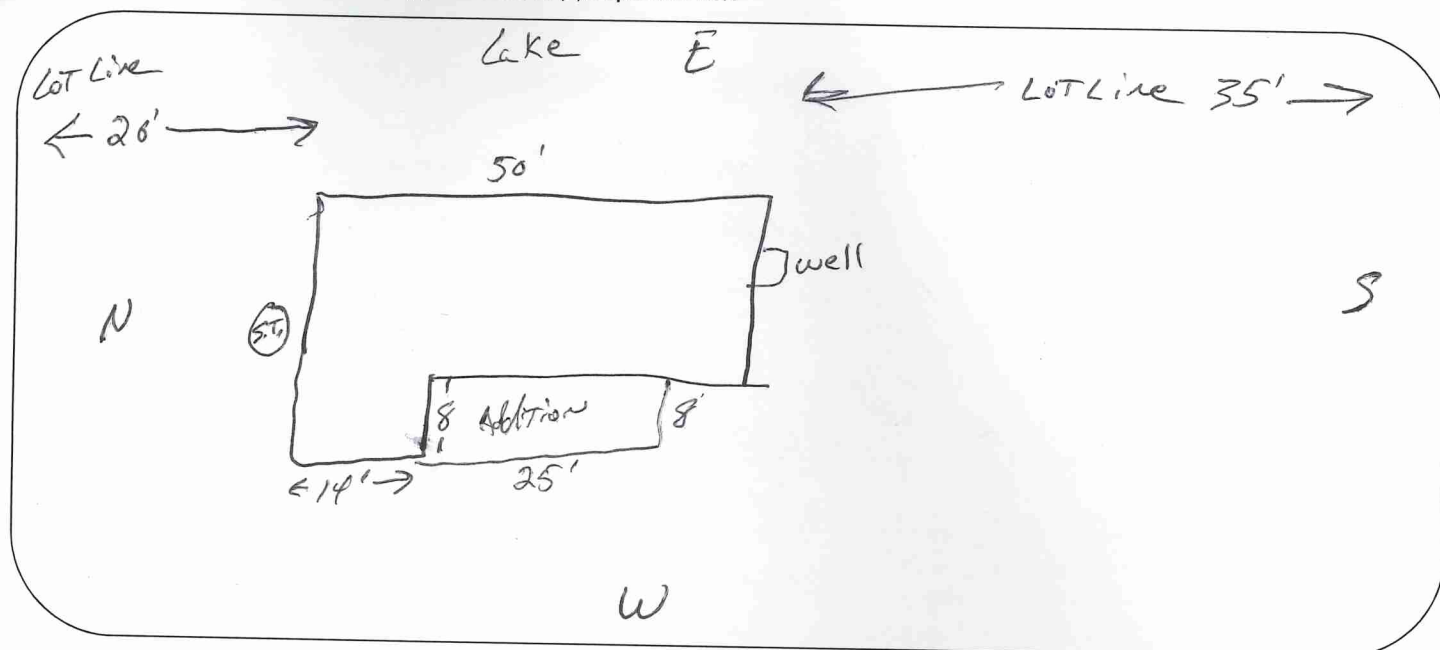
Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



- Show Location of: Proposed Construction  
 Show / Indicate: North (N) on Plot Plan  
 (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
 (4) Show: All Existing Structures on your Property  
 (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
 (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
 (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	600 Feet	Setback from the Lake (ordinary high-water mark)	36 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	20 Feet	Setback from Wetland	150 Feet
Setback from the South Lot Line	35 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line	600 Feet	Elevation of Floodplain	IN PROCESS Feet
Setback from the East Lot Line	36 Feet		
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	20 Feet
Setback to Drain Field	50 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

**Issuance Information (County Use Only)**

Sanitary Number: # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial:

Permit #: 20-0061 Permit Date: 4-7-2020

Is Parcel a Sub-Standard Lot ☐ Yes ☒ No (Deed of Record) ☒ No  
 Is Parcel in Common Ownership ☐ Yes ☒ No (Fused/Contiguous Lot(s)) ☒ No  
 Is Structure Non-Conforming ☐ Yes ☒ No

Mitigation Required ☐ Yes ☒ No  
 Mitigation Attached ☐ Yes ☒ No

Affidavit Required ☐ Yes ☒ No  
 Affidavit Attached ☐ Yes ☒ No

Granted by Variance (B.O.A.) ☐ Yes ☒ No Case #:  
 Previously Granted by Variance (B.O.A.) ☐ Yes ☒ No Case #:

Was Parcel Legally Created ☒ Yes ☐ No  
 Was Proposed Building Site Delineated ☒ Yes ☐ No

Were Property Lines Represented by Owner ☐ Yes ☒ No  
 Was Property Surveyed ☒ Yes ☐ No

Inspection Record: OK - Mitigation FEMA-10MA needed

Date of Inspection: 6/19/19 Inspected by: [Signature]

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☒ No - (If No they need to be attached.)  
 - Maintain setbacks  
 - Get required UDC Permits & Inspections

Signature of Inspector: [Signature] Date of Approval: 4/2/20

Hold For Sanitary: ☐ Hold For TBA: ☐ Hold For Affidavit: ☐ Hold For Fees: ☐

city, village, State or Federal  
May Also Be Required

# BAYFIELD COUNTY

## PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0061** Issued To: **Scott Ferry / Richard Biscobing, Agent**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **19** Township **44** N. Range **5** W. Town of **Grand View**

Gov't Lot                      Lot **16**                      Block                      Subdivision **Assessors Plat**                      CSM#

For: **Residential Addition / Alteration: [ 1- Story; Kitchen / Living Room (8' x 25') = 200 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **Maintain setbacks and get required UDC permits and inspections.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**April 7, 2020**

Date